

Secretary of State Statement of Information

(Limited Liability Company)

6/2

LLC-12

FILED

Secretary of State

IMPORTANT — Read instructions before completing this form.				State of California				
Filing Fee \$20.00			JAN 09 2018					
Copy Fees - First page \$1.00; each attachment page \$0.50;					26/2	210	, _	
Certification Fee - \$5.00 plus copy fees								
					his Space For Office		inly	
1. Limited Liability Company	Name (Enter the exact name of the	ELLC. If your	egistered in Californ	ia using an a	Itemate name, see instructi	ons.)		
YEEZY Apparel LLC								_
2. 12-Digit Secretary of State		3. State,	Foreign Country	or Place o	of Organization (only if for	rmed out	side of C	alifomia)
2017326	10366	}						ļ
4. Business Addresses		·						:
a. Street Address of Principal Office - Do not list a P.O. Box			City (no abbreviations)				Zip Co	
26632 Agoura Road			Calabasas				9130	
b. Mailing Address of LLC, if different than Item 4a			City (no abbreviations)			State	Zip Co	90
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box			City (no abbreviations)			State	Zlp Code	
5. Manager(s) or Member(s)	if no managers have been apportuned to listed. If the manager/m an entity, complete items 5b and has additional managers/membe	iember is an in I 5c (leave Iten	ndividual, complete I n 5a blank). Note:	tems 5a and The LLC car	i 5c (leave Item 5b blank). Inot serve as its own mana	If the ma	nager/m	ember is
a. First Name, if an individual - Do not complete Item 5b KANYE			Middle Name		Last Name WEST			Suffix
b. Entity Name - Do not complete Item	5ø		· · · · · · · · · · · · · · · · · · ·					
c. Address	City (no abbreviation	ens)		State	Zip Co	de		
26632 Agoura Road			Calabasas			CA	9130	2
6. Service of Process (Must pr	rovide either Individual OR Corporat	ion.)						
	6a and 6b only. Must include agen	t's full name a	nd California street a	ddress.				
a. California Agent's First Name (if agent is not a corporation)			Middle Name		Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			City (no abbreviations)			State	Zip Co	de
CORPORATION - Complete its	em 6c only. Only include the name	of the register	ed agent Corporation	٦.			L	
c. California Registered Corporate Ager	nt's Name (if agent is a corporation) - I	Do not complete	item 6a or 6b					
PARACORP INCORPORAT	TED /C10825	36)						
7. Type of Business	(() ()							
a. Describe the type of business or serv	vices of the Limited Liability Company							
Fashion design and merc								
8. Chief Executive Officer, if e	elected or appointed		1					
a. First Name			Middle Name		Lest Name			Suffix
b. Address			City (no abbreviation	ons)	<u> </u>	State	Zip Co	de
9. The Information contained	herein, including any attachr	nents, is tru	e and correct.		\sim	_L		\ _
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12 7 1 Kan	ye West or Print Name of Person Completing	the Form		anaging	Signatur	9		
Return Address (Optional) (For person or company and the mailing ad	communication from the Secretary	of State relate			sing a copy of the filed doc		er the n	ame of a
Name: Lisa Marie		,	1		,			
Company: King Holm	nes Paterno & Soriano LLI	Р						
• •	nue of the Stars, 25th Fl							
l I na Amaal	es, CA 90067		ı					
City/State/Zip: Los Angel	co, or 50007		۲					